

EXHIBIT 12

In the Matter Of:

K.C., ET AL

-V-

INDIVIDUAL MEMBERS OF MEDICAL LICENSING BOARD OF INDIANA, ET AL

Beth Clawson

May 22, 2023

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DEPOSITION SERVICES

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1	UNITED STATES DISTRICT COURT	
2	SOUTHERN DISTRICT OF INDIANA	
3	INDIANAPOLIS DIVISION	
4	CAUSE NO. 1:23-cv-00595-JPH-KMB	
5	K.C., et al.,)	
6	Plaintiffs,)	
7	-vs-	
8	THE INDIVIDUAL MEMBERS OF)	
9	THE MEDICAL LICENSING BOARD)	
10	OF INDIANA, in their)	
11	official capacities, et al.,)	
12	Defendants.)	
13		
14	DEPOSITION OF BETH CLAWSON	
15	May 22, 2023	
16	12:37 p.m. EDT	
17		
18		
19	TAKEN BY: AMY DOMAN, RMR, CRR, CSR (CA/IL/TX/WA)	
	PAGES: 1 - 84	
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23		
24	STEWART RICHARDSON & ASSOCIATES	
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25	(800)869-0873	
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1	The deposition upon oral examination of	
2	BETH CLAWSON, a witness produced and sworn before	
3	me, Amy Doman, Registered Merit Reporter,	
4	Certified Realtime Reporter, California CSR	
5	14465, Texas CSR 6203, Illinois CSR 084004926,	
6	Washington CSR 22031067, Notary Public in and for	
7	the County of Hamilton, State of Indiana, taken	
8	on behalf of the Defendants, at the offices of	
9	Stewart Richardson, One Indiana Square, Suite	
10	2425, 211 N. Pennsylvania Street, Indianapolis,	
11	Indiana, scheduled to begin at 12:37 p.m. EDT, on	
12	Monday, May 22, 2023, pursuant to the Federal	
13	Rules of Civil Procedure.	
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1 (Time noted: 12:37 p.m.) 2 BETH CLAWSON, 3 having been duly sworn, testified as follows: 4 EXAMINATION 5 BY MS. HOLMES: 6 Q. Hello. 7 A. Hi. 8 Q. I'm Melinda Holmes, attorney for 9 the defendants. I'm taking your deposition 10 today. And I will be using K.C. instead of 11 K.C.'s name throughout this deposition. But I 12 believe the court reporter will be kind of 13 covering us if either of us forget. 14 Have you ever given a deposition 15 before? 16 A. No. 17 Q. So just to kind of explain, I'm 18 going to ask questions. The court reporter is 19 here recording everything we say. You'll need 20 to answer my questions to the best of your 21 ability, and your answers will be the truth as 22 we just swore with the court reporter. Does 23 that sound good? 24 A. Yes. 25 Q. And I will assume you understand my	1 Q. Not really? 2 A. Just going through my own head the 3 past seven years. It's a lot to remember. 4 Q. Are you being compensated for your 5 testimony? 6 A. No. 7 (Exhibit 1 marked for 8 identification.) 9 Q. I'm going to introduce our first 10 exhibit. This will be Exhibit 1. 11 Do you recognize this document? 12 A. I do. 13 Q. And this is the notice of your 14 deposition in this case? 15 A. Yes. 16 Q. And you're here in response to it 17 today? 18 A. Correct. 19 (Exhibit 2 marked for 20 identification.) 21 BY MS. HOLMES: 22 Q. I'll introduce our exhibit. Do you 23 recognize this document? 24 A. I do. 25 Q. This is the complaint in the
Page 6	Page 8
1 questions unless you tell me you don't. And 2 if you don't understand a question, please 3 just let me know, and we'll try to clarify it. 4 A. Okay. 5 Q. And you're doing a great job 6 already, but please continue to give verbal 7 answers, not gestures. 8 A. Okay. 9 Q. Thank you. 10 I don't expect this to take too 11 long, but if you need a break for any reason, 12 just let me know. I'll just ask that you 13 answer whatever pending question before we 14 take the break. Okay? 15 A. Okay. 16 Q. Is there any reason you cannot 17 understand my questions today? 18 A. No. 19 Q. And is there any reason you can't 20 answer my questions with the truth? 21 A. No. 22 Q. Other than meeting with your 23 attorneys, did you do anything to prepare for 24 today's deposition? 25 A. Not really, no.	1 lawsuit that you're a plaintiff in; is that 2 correct? 3 A. That is correct, yes. 4 Q. Are you familiar with the contents 5 of this document? 6 A. Yes. I've read it several times. 7 Q. Now, this lawsuit concerns your 8 challenge against Indiana's law that's 9 referred to as SEA 480; is that -- 10 A. Correct. 11 Q. -- your understanding? 12 How did you first hear about this 13 law? 14 A. I first heard about this law by 15 using the IGA website. I, every year, start 16 tracking the laws as soon as the session 17 starts, the legislative session starts. 18 Q. So did you see the law in its kind 19 of first iteration? 20 A. I've seen it in every iteration, 21 yes. 22 Q. And what was your reaction when 23 you -- 24 A. My reaction was fear for my child 25 and anger for my child and my family and the

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Page 9	Page 11
1 community.	1 accurate?
2 Q. Did you participate in the	2 MR. FALK: I'll make the same
3 legislative process?	3 objection I made before, which is
4 A. I did.	4 obviously there's been some changes we
5 Q. And what did that look like?	5 know, that you can talk about.
6 A. Just like my husband, I testified	6 A. I don't see anything other than now
7 at, I believe, two hearings, I believe both	7 she's on a puberty blocker.
8 the Senate and the House. And I also met with	8 BY MS. HOLMES:
9 Senator Bray and Senator Johnson asking for	9 Q. Thanks. We'll put that to the side
10 the case to not be -- not case -- the bill to	10 for now and start some background questions.
11 not be heard.	11 Have you ever been arrested?
12 Q. And did you take any other actions	12 A. Embarrassingly, yes.
13 apart from that?	13 Q. What was that for?
14 A. I spoke at the ACLU LGBTQ day at	14 A. When I was 18 for a bounced check.
15 the statehouse. And I delivered some letters	15 Q. And what was the result of that?
16 to the statehouse from K.C. and her classmates	16 A. I paid whatever fine I needed to
17 that they wrote to senators and	17 pay.
18 representatives opposing the bill.	18 Q. And how old are you?
19 Q. Anything else?	19 A. 48.
20 A. I don't think so.	20 Q. Where do you live?
21 Q. When did you decide to bring this	21 A. Bloomington, Indiana.
22 lawsuit?	22 Q. Have you lived elsewhere in
23 A. We started thinking about bringing	23 Indiana?
24 this lawsuit as soon as we realized that it	24 A. No, not in Indiana.
25 was probably going to pass.	25 Q. When did you first come to Indiana?
Page 10	Page 12
1 Q. And why did you bring it?	1 A. I believe we moved here in 2010
2 A. Because it is taking away my	2 originally.
3 child's right to necessary healthcare, and it	3 Q. And why did you come to Indiana for
4 is taking our rights away as parents to make	4 the first time?
5 the best choice for our child.	5 A. Because my husband was transferred
6 Q. And other than your attorneys, did	6 here for his job.
7 you talk to anyone else about it as you were	7 Q. Before Indiana, where were you
8 planning to bring the lawsuit?	8 living?
9 A. Only after him saying that it had	9 A. We were living in Charlotte, North
10 been filed.	10 Carolina.
11 (Exhibit 3 marked for	11 Q. And where did you and your husband
12 identification.)	12 meet?
13 BY MS. HOLMES:	13 A. We met in Boone, North Carolina at
14 Q. I'll introduce our third exhibit.	14 school.
15 Do you recognize this document?	15 Q. At school, okay. Can you tell me
16 A. Yes, I do.	16 about your educational background?
17 Q. And what is this document?	17 A. I have a bachelor's degree in child
18 A. I believe it is our declaration for	18 development birth through kindergarten.
19 the lawsuit. I don't know if I'm using the	19 Q. Where did you receive that degree?
20 correct wordage.	20 A. At Appalachian State University.
21 Q. That's fine. And on page 4, is	21 Q. And that's where you met your
22 that your signature?	22 husband?
23 A. Yes, it is.	23 A. Uh-huh, or yes.
24 Q. To your knowledge, is there	24 MR. FALK: Yes.
25 anything in your declaration that is no longer	25

<p>1 BY MS. HOLMES:</p> <p>2 Q. Do you have any postgraduate</p> <p>3 education?</p> <p>4 A. No.</p> <p>5 Q. And can you tell me about your</p> <p>6 professional background?</p> <p>7 A. I was a teacher, then I was a</p> <p>8 stay-at-home mom for 18 years. And then I</p> <p>9 went back to work as a teacher's aide at an</p> <p>10 elementary school, but I am again no longer</p> <p>11 working.</p> <p>12 Q. And when did that last job wrap up?</p> <p>13 A. I stopped in March of 2023.</p> <p>14 Q. And why did you stop?</p> <p>15 A. Truthfully, because of all of the</p> <p>16 legislation and having to fight for K.C. And</p> <p>17 it was hard to juggle both caring for my</p> <p>18 family and work.</p> <p>19 Q. What about the legislation made it</p> <p>20 hard?</p> <p>21 A. I was -- I have the privilege of</p> <p>22 being able to speak out. And so I was going</p> <p>23 to the statehouse often to speak out, and the</p> <p>24 emotional toll it has taken on our family made</p> <p>25 it very hard to continue to work.</p>	<p>Page 13</p> <p>1 policies.</p> <p>2 Q. What is your gender identity?</p> <p>3 A. I am a cisgender woman.</p> <p>4 Q. And how long have you identified</p> <p>5 that way?</p> <p>6 A. My whole life.</p> <p>7 Q. I think you already mentioned your</p> <p>8 husband?</p> <p>9 A. Uh-huh, or yes.</p> <p>10 Q. And your husband is also a</p> <p>11 plaintiff in this case?</p> <p>12 A. Yes.</p> <p>13 Q. How long have you two been married?</p> <p>14 A. 21 years in July, so 20 years.</p> <p>15 Q. Have you been married before?</p> <p>16 A. No.</p> <p>17 Q. How many children do you have?</p> <p>18 A. We have three children.</p> <p>19 Q. And what are their ages and</p> <p>20 genders?</p> <p>21 A. We have a 19-year-old son, a</p> <p>22 17-year-old daughter, and a ten-year-old</p> <p>23 daughter.</p> <p>24 Q. And how many are transgender?</p> <p>25 A. We have one transgender child.</p>
<p>1 Q. Are you a member of any</p> <p>2 organizations?</p> <p>3 A. I am the secretary of the Stonewall</p> <p>4 Democrats of South Central Indiana. I don't</p> <p>5 think I'm -- I'm always busy, but I don't</p> <p>6 think I'm on any other organizations.</p> <p>7 Q. Have you held any other position in</p> <p>8 that --</p> <p>9 A. No.</p> <p>10 Q. -- organization?</p> <p>11 How long have you been a member?</p> <p>12 A. Probably -- what is it, 2023?</p> <p>13 Probably almost two years.</p> <p>14 Q. Why did you first become a member?</p> <p>15 A. I first became a member because I</p> <p>16 was concerned about the path that I see</p> <p>17 legislation going down, and I wanted to make</p> <p>18 sure that politicians and legislation was</p> <p>19 being represented in a positive way for the</p> <p>20 LGBTQ+ community, really just protect my kid.</p> <p>21 Q. And what kinds of activities do you</p> <p>22 participate in with this organization?</p> <p>23 A. We have meetings and we do</p> <p>24 fundraisers to help with advocacy and helping</p> <p>25 candidates that uplift LGBTQ citizens and</p>	<p>Page 14</p> <p>1 Q. And that's your youngest, K.C.?</p> <p>2 A. Yes.</p> <p>3 Q. Do you know K.C.'s sexual</p> <p>4 orientation?</p> <p>5 MR. FALK: Again, I'll object.</p> <p>6 It's a ten-year-old.</p> <p>7 But if you know.</p> <p>8 A. I don't know, like my husband said,</p> <p>9 I believe she's just starting to figure that</p> <p>10 out.</p> <p>11 BY MS. HOLMES:</p> <p>12 Q. Okay. What was K.C.'s sex at</p> <p>13 birth?</p> <p>14 A. She was assigned male at birth.</p> <p>15 Q. And when you say "assigned male at</p> <p>16 birth," what do you mean?</p> <p>17 A. It means the doctor told us that we</p> <p>18 had a boy. But that was -- that's what it</p> <p>19 means.</p> <p>20 Q. How does K.C. identify now?</p> <p>21 A. She identifies as a girl.</p> <p>22 Q. How long has K.C. identified as a</p> <p>23 girl?</p> <p>24 A. Formally, since she was about</p> <p>25 three.</p>

Pages 17..20

<p>1 However, she has been showing us 2 since she was a toddler.</p> <p>3 Q. And starting when K.C. was a 4 toddler, how was K.C. telling you?</p> <p>5 A. She was telling us in the way that 6 she dressed and presented herself. She would 7 only wear dress-up clothes. We provided her 8 with -- I don't know how to do -- quote, boy 9 clothes, end quote.</p> <p>10 And then she would always find, 11 whether it be a skirt or a dress or a scarf or 12 something to make herself look more feminine.</p> <p>13 And when she would come home from 14 places, she would immediately take off the boy 15 clothes and just put back on the girl clothes.</p> <p>16 She would try to put ponytails in 17 her hair when we went out, she would wear 18 towels in her hair. She played with makeups 19 and things like that.</p> <p>20 Q. Did you consider whether these 21 behaviors meant something other than K.C. was 22 telling you she was a girl?</p> <p>23 A. For a long time we just thought she 24 liked to play dress-up. As a child 25 development major, I knew that allowing your</p>	<p>1 Q. Do you have an example of becoming 2 upset at something small?</p> <p>3 A. Not wanting to put the clothes on 4 that I would give her would be an excellent 5 example.</p> <p>6 Q. And what did you do in response to 7 those behaviors?</p> <p>8 A. First, we would try to -- we tried 9 solving them; so we would let her, you know, 10 wear something out, other girl clothes. And 11 that just kind of gave us an idea that it was 12 more than just playing dress-up. So we 13 started researching what it might be.</p> <p>14 And that is when we talked to our 15 pediatrician, around that same time. But I am 16 probably a doctor's worst nightmare, in that I 17 arm myself with all the knowledge before I go. 18 So.</p> <p>19 Q. Where was the pediatrician that you 20 took K.C. to?</p> <p>21 A. In Bloomington.</p> <p>22 Q. And what hospital system or health 23 system?</p> <p>24 A. IU Health -- or Riley. I don't 25 know, I guess they're the same.</p>
<p>1 child to dress up -- or your child wanting to 2 dress up was perfectly normal. So for a 3 long time we just thought she liked frilly 4 things.</p> <p>5 Q. And what changed the way you 6 thought about it?</p> <p>7 A. She started withdrawing and 8 becoming depressed, such as asking or talking 9 about cutting her penis.</p> <p>10 She also would -- more of a mom 11 struggle than a dad would see, but she would 12 also throw -- not throw temper tantrums -- she 13 would become very distressed when I would lay 14 out her clothes for her when they were boy 15 clothes.</p> <p>16 And getting her to get dressed in 17 the morning would become a giant struggle for 18 a little while. And that's -- until she was 19 also given a piece of girl clothes to wear, to 20 accompany whatever she was wearing.</p> <p>21 Not playing with friends at the 22 playground; becoming unusually upset about 23 things that previously had seemed small to 24 her. We knew something was going on that we 25 didn't quite understand.</p>	<p>1 Q. And do you recall about what time 2 period or how old K.C. was when you first went 3 to the pediatrician at Riley?</p> <p>4 A. I mean, she's been seeing the 5 pediatrician, the same pediatrician, since 6 we -- since she was a baby. And the doctor, 7 just like everyone else in the community, I 8 mean, she would wear the tutus to the doctor's 9 office. It was a very natural conversation. 10 The doctor wasn't surprised when I mentioned 11 it. She had experienced K.C. presenting in a 12 very feminine way for a long time.</p> <p>13 Q. But there was an appointment that 14 you went to specifically in response to these 15 behaviors?</p> <p>16 A. I mean, I don't know -- I don't 17 remember if it was an appointment specifically 18 about that or if it was something that came up 19 at another appointment. I don't remember that 20 for sure.</p> <p>21 Q. Gotcha.</p> <p>22 But at the first appointment that 23 these behaviors were discussed, do you recall 24 what that conversation looked like?</p> <p>25 A. I remember our pediatrician telling</p>

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<p style="text-align: right;">Page 21</p> <p>1 us that -- she handled it very 2 matter-of-factly, and she's like -- she said, 3 you know, it's a thing. It's real.</p> <p>4 And she had had experience with -- 5 not lots of experience, but had experience 6 with trans children at a previous job in 7 Boston. So it wasn't something that was new 8 or scary to her, which helped ease my fears a 9 lot.</p> <p>10 And so we just had an open line of 11 communication from that moment on.</p> <p>12 Q. Were any next steps discussed at that appointment?</p> <p>14 A. Not that I remember specifically 15 other than just, you know, paying attention to 16 how our child was feeling and letting them 17 know if we had any concerns or worries.</p> <p>18 And they helped connect us with our 19 mental health -- or a mental health care 20 provider.</p> <p>21 Q. And what was the connection with the mental health provider for?</p> <p>23 A. I mean, it was a confusing time for 24 our whole family. So someone to help us work 25 through our fears and questions and K.C.'s</p>	<p style="text-align: right;">Page 23</p> <p>1 pretty sure. I think it was after. 2 Q. Do you recall discussing pronouns with the pediatrician? 4 A. I don't recall. We might have 5 talked about that as something that would be a 6 next step, but I -- I don't specifically 7 recall.</p> <p>8 Q. Do you know, had that been something you had thought about or discussed before going to the pediatrician? 11 A. Probably between my husband and I, 12 yes, probably.</p> <p>13 Q. And where did you get information, apart from the medical providers? 15 A. We read books. I searched on the 16 internet. I talked to parents of other trans 17 kids. I joined support groups for parents of 18 trans kids. I talked to trans kids.</p> <p>19 Q. Do you know what books you read? 20 MR. FALK: Sorry. 21 A. Yes, I do know what books I read. 22 "Raising My Rainbow," by Lori Duron; "Raising 23 the Transgender Child," by Dr. Michele Angello 24 and Ali Bowman; and "Becoming Nicole" by Amy 25 Ellis Nutt.</p>
<p style="text-align: right;">Page 22</p> <p>1 fears or questions, or just to make sure she 2 was doing okay.</p> <p>3 Q. Do you know what kind of therapy was recommended? 5 A. We saw a play therapist.</p> <p>6 Q. So what came next after that appointment? 8 A. I don't remember specifically when 9 that appointment was. We just continued to 10 listen to K.C., and we started when we bought 11 her the shoes, the sparkly shoes, which led to 12 us allowing her to pick the clothes that she 13 would like from the side of the store that she 14 would like, which happened to be the girls' 15 side.</p> <p>16 And then we started using she/her 17 pronouns at home and at school and in the 18 world at large and started -- continued on 19 with our -- I guess we started seeing the 20 therapist and just continued with our life.</p> <p>21 Q. Had you begun to use she/her pronouns before or after that first discussion with the pediatrician? 24 A. I think after. I'm pretty sure it 25 was after. I should say I think. I'm not</p>	<p style="text-align: right;">Page 24</p> <p>1 BY MS. HOLMES: 2 Q. And why did you read these books? 3 A. We read those books because we had 4 lots of questions, and we didn't know what we 5 were doing. K.C. was the first trans person 6 that we knew, and we wanted to make sure that 7 we were supporting our child and not causing 8 more harm.</p> <p>9 Q. How did you identify these books? 10 A. I searched for books about 11 transgender children. Becoming Nicole was one 12 of my book club books, so that one was not 13 chosen. It was given to me.</p> <p>14 Q. You mentioned doing some internet searches. 16 Do you recall what kinds of sites 17 you went to during -- 18 A. Oh, I'm sure -- I can't remember 19 specifically at the time. I'm sure I went to 20 things like Human Rights Campaign, 21 Gender Spectrum, Gender -- I don't know if 22 GenderNexus was around then. Places like 23 that.</p> <p>24 Q. You also mentioned support groups for parents of trans kids.</p>

<p>1 A. Uh-huh.</p> <p>2 Q. What were those groups?</p> <p>3 A. I don't -- like, just groups that</p> <p>4 are on Facebook, the private groups on</p> <p>5 Facebook, things like that.</p> <p>6 Q. Any in-person groups?</p> <p>7 A. No, other than the TASC, but that's</p> <p>8 not something that I often -- the introvert in</p> <p>9 me did not often go to meetings.</p> <p>10 Q. And you said you also spoke with</p> <p>11 trans kids?</p> <p>12 A. Yes.</p> <p>13 Q. In what context?</p> <p>14 A. Bloomington, Indiana, has a youth</p> <p>15 LGBTQ+ group and they would do trainings and</p> <p>16 hold events, and we would take K.C. to those</p> <p>17 or go by ourselves to learn more.</p> <p>18 Q. Throughout K.C.'s childhood, did</p> <p>19 K.C. experience any big changes or stressful</p> <p>20 situations?</p> <p>21 A. Say that one more time? I</p> <p>22 apologize.</p> <p>23 Q. That's okay.</p> <p>24 So throughout K.C.'s childhood, has</p> <p>25 K.C. experienced any big changes or stressful</p>	<p>Page 25</p> <p>1 A. She was sick. She didn't feel good</p> <p>2 a lot of the time, and we didn't know why.</p> <p>3 Q. And then after the diagnosis?</p> <p>4 A. She was overwhelmed, and we had to</p> <p>5 relearn how to take care of her in order to</p> <p>6 keep her alive. So stressful and still --</p> <p>7 it's still stressful and still scary.</p> <p>8 Q. How does K.C. manage right now?</p> <p>9 A. I would say remarkably well. She</p> <p>10 is very responsible with her diabetes care.</p> <p>11 She takes of -- she independently takes care</p> <p>12 of herself as much as developmentally</p> <p>13 appropriate for a ten-year-old.</p> <p>14 Q. You mentioned celiac disease.</p> <p>15 A. Uh-huh, yes.</p> <p>16 Q. When was K.C. diagnosed with</p> <p>17 celiac?</p> <p>18 A. I believe October of 2018, almost a</p> <p>19 year after diabetes.</p> <p>20 Q. And what was happening around that</p> <p>21 time?</p> <p>22 A. She was just having horrible</p> <p>23 stomachaches. And it is also an autoimmune</p> <p>24 disease, so it's common once you've been</p> <p>25 diagnosed with Type 1 diabetes to get that</p>
<p>1 situations?</p> <p>2 A. Yes. She has been -- she was</p> <p>3 diagnosed and was sick with Type 1 diabetes.</p> <p>4 So that changed everything about her life.</p> <p>5 She's been diagnosed with celiac disease.</p> <p>6 She's been hospitalized for bone infection.</p> <p>7 She's had family members die.</p> <p>8 Q. When was K.C. diagnosed with Type 1</p> <p>9 diabetes?</p> <p>10 A. I believe it was in December of</p> <p>11 2017, I believe. December 27th, 2017. I'll</p> <p>12 never forget the date.</p> <p>13 Q. And what happened?</p> <p>14 A. She had been sick, and she had</p> <p>15 begun wetting the bed. And so I was</p> <p>16 concerned. And then she got what they thought</p> <p>17 was strep throat. It turned out to be thrush,</p> <p>18 which is a yeast infection in her mouth.</p> <p>19 And I called, and I, like, always,</p> <p>20 research things. And I called the doctor and</p> <p>21 I said, I think she has diabetes, and they</p> <p>22 said, bring her in. And then they said, she</p> <p>23 has diabetes, take her to the hospital. So</p> <p>24 that's how she was diagnosed.</p> <p>25 Q. And how was K.C. around that time?</p>	<p>Page 26</p> <p>1 disease.</p> <p>2 Q. And how was the diagnosis?</p> <p>3 A. It was just -- we went in for a</p> <p>4 blood test, and she was diagnosed, but we had</p> <p>5 to change her diet completely because she</p> <p>6 could no longer eat gluten.</p> <p>7 Q. What was K.C.'s reaction to that</p> <p>8 diagnosis?</p> <p>9 A. Totally bummed. No more doughnuts.</p> <p>10 Q. How does K.C. manage with the</p> <p>11 celiac disease now?</p> <p>12 A. Oh, totally fine. It's very easy</p> <p>13 to avoid gluten, and she can even eat</p> <p>14 doughnuts.</p> <p>15 Q. You mentioned hospitalization</p> <p>16 related to a bone infection.</p> <p>17 A. Uh-huh, yes.</p> <p>18 Q. When was that?</p> <p>19 A. That was last summer. I think it</p> <p>20 was July of 2022.</p> <p>21 Q. And what happened there?</p> <p>22 A. She somehow, we don't know how, the</p> <p>23 doctors don't know how, had an infection in</p> <p>24 her heel bone, probably related because she</p> <p>25 has diabetes. And they like -- those</p>

<p style="text-align: right;">Page 29</p> <p>1 infections like sugar. And so she was in a 2 lot of pain, and we took her to the emergency 3 room. They diagnosed it. Again, I told them 4 what she had when we went into the emergency 5 room. And then they said, you're right, and 6 they put her in the hospital for a week for 7 treatment.</p> <p>8 Q. How is K.C. doing following the 9 hospitalization?</p> <p>10 A. She's fine. She's all cured.</p> <p>11 Q. You mentioned family members 12 passing away.</p> <p>13 A. Uh-huh.</p> <p>14 Q. Can you tell me about that?</p> <p>15 A. She's just had grandmother die, 16 grandfather die, and an uncle die.</p> <p>17 Q. When did K.C.'s grandmother pass 18 away?</p> <p>19 A. Probably when she was three or 20 four. I don't remember exactly. It's been a 21 while.</p> <p>22 Q. Do you recall what K.C.'s reaction 23 was?</p> <p>24 A. She was very sad. They were very 25 close.</p>	<p style="text-align: right;">Page 31</p> <p>1 A. It was very hard. They were close. 2 Q. Does K.C. use social media?</p> <p>3 A. A little bit.</p> <p>4 Q. Which apps?</p> <p>5 A. She will -- I don't know if YouTube 6 counts as social media, but she sometimes 7 watches videos on YouTube. Sometimes she 8 will, with me, look at my Facebook with me. 9 And sometimes -- I think she's allowed 10 five minutes a day on Instagram.</p> <p>11 Q. Does K.C. have, like, an individual 12 phone or iPad?</p> <p>13 A. She has an iPad, and she has a 14 phone to track her blood sugar.</p> <p>15 Q. Okay. So with respect to the 16 YouTube videos, do you know what kinds of 17 channels?</p> <p>18 A. Oh, she watches Minecraft channels, 19 ASMR as Nathaniel said, she watches makeup 20 tutorials, she watches those silly unboxing 21 things, silly stuff like that. She likes some 22 survivalist on YouTube. I don't even remember 23 his name. But things like that.</p> <p>24 Q. And when you're referring to ASMR, 25 can you describe that a little bit?</p>
<p style="text-align: right;">Page 30</p> <p>1 MR. CLAWSON: Great grandmother.</p> <p>2 A. Oh, sorry. It is. It's her great 3 grandmother, not her grandmother.</p> <p>4 BY MS. HOLMES:</p> <p>5 Q. And K.C.'s grandfather?</p> <p>6 A. Yeah, K.C.'s grandfather. He died 7 when she was probably two. And she doesn't 8 remember that as much, but it was traumatic 9 with me. She did experience it.</p> <p>10 Q. With respect to the great 11 grandmother, was that expected?</p> <p>12 A. I mean, it was -- she was old, but 13 it wasn't expected, no.</p> <p>14 Q. And for the grandfather?</p> <p>15 A. He had cancer. Yes, it was 16 expected.</p> <p>17 Q. And then you mentioned an uncle?</p> <p>18 A. Uh-huh.</p> <p>19 Q. Can you tell me about that?</p> <p>20 MR. FALK: Yes?</p> <p>21 THE WITNESS: Yes.</p> <p>22 A. He died in September of 2022, and 23 it was unexpected.</p> <p>24 BY MS. HOLMES:</p> <p>25 Q. And how was that for K.C.?</p>	<p style="text-align: right;">Page 32</p> <p>1 A. I have no idea honestly what it is. 2 I think it's when someone is, like, tapping on 3 a microphone or whispering into a microphone. 4 I don't know what it is. It makes my skin 5 crawl.</p> <p>6 Q. It's about the sound?</p> <p>7 A. Yes. She said it makes her brain 8 feel good.</p> <p>9 Q. Do you know if K.C. is involved in, 10 like, comment sections on YouTube videos?</p> <p>11 A. She has told us in the past, and we 12 have made it so that she cannot.</p> <p>13 Q. By using YouTube parental controls?</p> <p>14 A. Yes, yes.</p> <p>15 Q. Do you know about how much time 16 K.C. spends on YouTube a week?</p> <p>17 A. Oh, more than we would like. Hours 18 a week.</p> <p>19 Q. Would it be better to talk about in 20 terms of a day?</p> <p>21 A. More than we would like.</p> <p>22 Q. Yeah.</p> <p>23 A. You know, she -- like every 24 ten-year-old, it's a fight to keep her away 25 from it, to be honest.</p>

	Page 33		Page 35
1	Q. Sure.	1	or may not be, because they haven't told me.
2	A. That's why we try to keep her busy.	2	Q. And are these recent friends? Are
3	Q. Yeah. You mentioned K.C. will look	3	these friends, like, K.C. has had for a
4	at Facebook with you?	4	long time?
5	A. Yes.	5	A. K.C. has had trans friends and
6	Q. And it's your account?	6	nontrans friends her whole life.
7	A. Yes.	7	Q. Who diagnosed K.C. with gender
8	Q. So K.C. doesn't have --	8	dysphoria?
9	A. No.	9	A. I don't remember specifically. I
10	Q. -- an account?	10	would assume that, if I remember -- if I
11	And then five minutes a day on	11	remember correctly, it was probably her
12	Instagram?	12	pediatrician in Bloomington.
13	A. Yes.	13	Q. Do you recall when K.C. was
14	Q. Does K.C. have an account?	14	diagnosed?
15	A. She has a little account that is	15	A. The most -- the farthest back I
16	monitored by us. She makes little pictures of	16	remember seeing it was in September of 2016.
17	people. I don't even know what she does. So	17	I don't know if it happened before then, but
18	she doesn't really use it to, like, see	18	that's the farthest back I have seen.
19	things. She uses it to post pictures of	19	Q. And when you're talking about that
20	little cartoon things she makes, and that's	20	you've seen, did you, like, review records
21	very rarely.	21	or --
22	Q. And how do you monitor K.C.'s use	22	A. We just have -- we have a copy of
23	on Instagram?	23	some of the letters that -- that's the
24	A. Well, we set it on her phone. We	24	earliest letter that we had a doctor write for
25	have a timer on her phone with a time limit on	25	us.
	Page 34		Page 36
1	her phone. And we also tell her that we can	1	Q. What do you recall about that 2016
2	always have her phone at any time that we want	2	letter?
3	it. And it's also locked during times when	3	A. I believe it was a letter saying
4	she cannot use it.	4	that K.C. -- I don't remember. I just know it
5	Q. What do K.C.'s friendships look	5	said that she had gender dysphoria.
6	like?	6	Q. And who wrote that letter?
7	A. They are fun and lovely. She is a	7	A. I believe it was her pediatrician.
8	very loyal friend to her friends. And she is	8	Q. And why did the pediatrician write
9	well liked by many.	9	that letter?
10	Q. Of K.C.'s friends, how many are	10	A. She wrote it in case -- so we'd
11	boys? How many are girls?	11	have proof that we were following the advice
12	A. I don't know. She has friends of	12	and care of our doctor, in case someone
13	all genders.	13	questioned us and didn't agree with the way
14	Q. Are any of K.C.'s friends	14	that K.C. was being raised.
15	transgender?	15	Q. Did you ask for that letter?
16	A. I don't know how her friends	16	A. We did ask for that letter.
17	identify. I do know that she does have some	17	Q. Why did you ask for that letter?
18	friends that have told me that they are, yes.	18	A. Because there's many people that
19	So she has some. I don't know how many.	19	don't understand gender dysphoria and being
20	Q. And when did these friends tell you	20	transgender. And sometimes they try to harm
21	that they were transgender?	21	families and children. And we wanted to make
22	A. I don't know. When I got to meet	22	sure that we were doing everything necessary
23	them. I don't know. It's -- some I know	23	to keep our family and K.C. safe.
24	because their parents told me. Some I know	24	Q. What made you think that you needed
25	because they told me. Some I have -- they may	25	the letter?

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1	A. Part of it was our research.	1	Q. Has K.C. received any diagnoses,
2	Specifically, the Raising the	2	other than gender dysphoria, more in the
3	Transgender Child book was very helpful in	3	mental health sphere?
4	understanding the lack of understanding in the	4	A. She has been diagnosed with
5	country. And also, it was a time when	5	depressive disorder, blah, blah, blah, I don't
6	anti-trans rhetoric was getting louder. And	6	remember exactly how it's worded; and I
7	also, it was scary for us, we didn't know what	7	believe generalized anxiety.
8	we were necessarily doing, either.	8	Q. When was K.C. diagnosed with the
9	Q. What did the pediatrician say when	9	depressive disorder?
10	you asked for the letter?	10	A. It's something that we have been
11	A. She said, absolutely, and wrote the	11	aware of for a long time, but formally, she
12	letter for us.	12	was diagnosed, I believe it was in August of
13	Q. When K.C. was diagnosed with gender	13	2022, very recently.
14	dysphoria, do you know what kinds of	14	Q. How long did you know about the
15	assessments were done by the doctor?	15	depressive disorder?
16	A. Talking -- I guess similar, taking	16	A. I mean, I don't know that we knew
17	a history and hearing our concerns and our	17	it was called depressive disorder. But we had
18	story, our stories, and seeing that this was	18	definitely, since she was younger, seen
19	consistent and persistent on K.C.'s part and	19	different episodes of prolonged sadness or
20	was causing her distress when she was not	20	depression.
21	being affirmed. And that when we were	21	Q. Why was K.C. formally diagnosed in
22	affirming her, her distress was easing.	22	August 2022?
23	Q. You mentioned that the pediatrician	23	A. Can I go backwards?
24	connected you with a health provider for K.C.	24	Q. Sure.
25	And K.C. started with play therapy?	25	A. I apologize.
	Page 38		Page 40
1	A. Yes.	1	She also has been diagnosed with
2	Q. Could you tell me a little bit	2	ADHD, which is -- I don't know if that's
3	about how frequently K.C. went to see that	3	necessarily mental health, but it all plays
4	provider?	4	together.
5	A. For -- it's been so long; I will do	5	Q. Yeah, thank you.
6	my best. That was probably one of our most	6	So for the depressive disorder, why
7	extended periods of time. I believe we saw	7	August 2022 for the formal diagnosis?
8	her weekly at first, I think. And then maybe	8	A. We did a -- I suspected that she
9	graduated to biweekly. But I honestly don't	9	was having -- she was having problems with
10	remember, specifically.	10	spelling and reading at school, and I wanted
11	Q. And what was the goal of that -- of	11	to investigate whether she had dyslexia or
12	those counseling visits?	12	dysgraphia or something like that. And we
13	A. To make sure that K.C. was -- that	13	went ahead and just did a full developmental
14	her emotional well-being was being addressed	14	evaluation across the board.
15	and taken care of and teaching her how to	15	Q. And who performed that evaluation?
16	understand her feelings and regulate her	16	A. Sarah Ragonese.
17	feelings and voice her -- learning how -- she	17	Q. And I'm actually not familiar
18	was very young, so learning how to put words	18	with -- is this a person or is it a --
19	to her feelings so that she could communicate	19	A. Oh, it's a person. I don't -- I
20	them.	20	don't know how psychology -- psychologists and
21	Q. Was this mental health provider	21	psychiatrists work. But she's not a part of
22	involved at all in the gender dysphoria	22	IU Health. I know that.
23	diagnosis?	23	Q. And why go to this person?
24	A. I don't think so. I don't -- I	24	A. She's an educational psychologist.
25	don't remember.	25	And someone that K.C. had -- that

<p>1 we -- someone that we know and has used and 2 has a private practice. And so we went 3 through there.</p> <p>4 Q. I'm sorry, you know Sarah Ragonese 5 or you know someone who recommended this 6 person?</p> <p>7 A. She -- I mean, I don't know her as 8 a friend, but I know her in our circle of 9 friends. So it was like a -- like, I know 10 this person does that.</p> <p>11 Q. Got it.</p> <p>12 A. I guess it's a referral of sorts.</p> <p>13 Q. And what was the results -- what 14 was the result of the evaluation that was done 15 on K.C.?</p> <p>16 A. The results were that she had 17 already been diagnosed with ADHD, but it 18 reaffirmed her ADHD diagnosis.</p> <p>19 It diagnosed her with dysgraphia, 20 which is a learning disability that has to do 21 with how words get from your brain to the 22 piece of paper.</p> <p>23 And the depression and anxiety as 24 well.</p> <p>25 Q. Do you know what else that</p>	<p>Page 41</p> <p>1 A. We -- I can't remember -- it all -- 2 she sees so many doctors it all runs together. 3 She did see -- she was seeing her therapist 4 again for a while. I don't remember -- I 5 don't remember the months, but I'm pretty sure 6 it was in 2022.</p> <p>7 And we have not tried anything 8 medication-wise. We've worked on, at home, 9 like working on doing meditation and breathing 10 exercises and writing down how she's feeling 11 and coming up with a good routine, things like 12 that. But nothing medically.</p> <p>13 Q. When K.C. saw the therapist again 14 in 2022, was that in response to this 15 diagnosis, or was it for another reason?</p> <p>16 A. It wasn't in response to that 17 diagnosis. It was -- I think that we probably 18 went to, I think...</p> <p>19 You asking that question reminds 20 me, she was seeing her therapist before that 21 appointment. And we have -- I don't think 22 we've been back since that appointment.</p> <p>23 So other than a couple of meetings 24 with the psychiatrist when the medicine was 25 being trialed, we had not seen anybody.</p>
<p>1 evaluation was testing for?</p> <p>2 A. I think that was the things. I 3 think -- dyslexia, I think, was also looked 4 at. But she did not get diagnosed with that. 5 But I think those are the things that it was 6 looking at.</p> <p>7 Q. What were the -- I guess, were 8 there next steps discussed with respect to the 9 depressive disorder diagnosis?</p> <p>10 A. We met with a psychiatrist and we 11 decided to give antidepressants a try. She 12 went through two different medicines. The 13 first one she had an allergic reaction on her 14 skin to. And then the second one just -- it 15 did not make her feel better. It made her 16 feel worse, so we discontinued.</p> <p>17 Q. What was the timeline for that?</p> <p>18 A. I guess we tried the two medicines 19 between September to January.</p> <p>20 Q. Of --</p> <p>21 A. I'm sorry. September 2022 to 22 January 2023.</p> <p>23 Q. Besides seeing a psychiatrist for 24 these antidepressants, did you take any other 25 steps with respect to the depressive disorder?</p>	<p>Page 42</p> <p>1 Q. So you said she was seeing the 2 therapist before and maybe after the 3 diagnosis?</p> <p>4 A. Definitely before.</p> <p>5 Q. Definitely before.</p> <p>6 A. Maybe not after, but we did see a 7 psychiatrist a few times when trying the 8 medicine.</p> <p>9 Q. And when you decided to discontinue 10 the medication, what did that decision look 11 like?</p> <p>12 A. We told the doctor how it was 13 making her feel, and they agreed that it would 14 probably be best for her to not take it. So 15 we -- she was taking such a low dose anyways, 16 that we just stopped it. And she started 17 feeling better.</p> <p>18 Q. Did the psychiatrist discuss any 19 other course of treatment for the depression 20 or depressive disorder?</p> <p>21 A. Just that we needed to seek, if we 22 wanted to try something else -- and K.C. and 23 myself both did not want to try any more 24 medicine because it just wasn't making her 25 feel good -- so if we ever decided to try</p>

<p style="text-align: right;">Page 45</p> <p>1 something again, to talk to her, or if we 2 needed to speak to her again, we could; we 3 were welcome to do that.</p> <p>4 Q. You mentioned a diagnosis of 5 generalized anxiety.</p> <p>6 A. Uh-huh.</p> <p>7 Q. When was that diagnosis?</p> <p>8 A. Same time.</p> <p>9 Q. Same time, same evaluation?</p> <p>10 A. Same evaluation.</p> <p>11 Q. And in response to that diagnosis, 12 did you take any steps?</p> <p>13 A. No, it was considered that perhaps 14 the both -- the medication would help both.</p> <p>15 Q. And when you decided to discontinue 16 the medication, did you have any consideration 17 specific to the generalized anxiety?</p> <p>18 A. Just like I said earlier, we tried 19 to work with coping techniques that she could 20 utilize on her own, and letting us know when 21 she was worried or anxious.</p> <p>22 Q. You mentioned ADHD.</p> <p>23 When was K.C. diagnosed with ADHD?</p> <p>24 A. I believe that -- she was diagnosed 25 with that, I mean -- it was before the</p>	<p style="text-align: right;">Page 47</p> <p>1 A. I'm sure they were in some sort of 2 paperwork that we were given by the doctor and 3 psychologist. I also researched things 4 online, and her teacher had had experience 5 with children before. So it was a team effort 6 between myself and the teacher.</p> <p>7 Q. Was medication ever considered for 8 K.C. for ADHD?</p> <p>9 A. We started medication, but not 10 until -- I'm trying to think -- sometime in 11 the -- the pandemic messed everything up. 12 Sometime in the fall of -- fall or winter of 13 2020.</p> <p>14 Q. Okay. And what did that discussion 15 look like around that decision?</p> <p>16 A. Oh, it's something that we knew was 17 always an option. But we didn't want to 18 unless we needed to. And it was during the 19 pandemic. And her learning -- her school was 20 online. And it was very, very, very hard for 21 her. And she just -- she couldn't focus and 22 it was -- she was just really struggling.</p> <p>23 So we went back to the doctor and 24 talked about it and started taking ADHD 25 medicine, and it has definitely helped.</p>
<p style="text-align: right;">Page 46</p> <p>1 pandemic. I believe it was in 2019. Either 2 the end of 2019 or the very beginning of 2020. 3 I just know it was before the pandemic.</p> <p>4 Q. And I guess, how did that diagnosis 5 come about?</p> <p>6 A. She was having a really hard time 7 at school. She was very unhappy at school. 8 To be honest, we've known since she was about 9 six months old. But she was not able to -- 10 school was just very hard for her to sit still 11 and pay attention and things like that.</p> <p>12 Q. So noticing that the difficulty in 13 school, what was your next step?</p> <p>14 A. I believe we had an evaluation, I 15 believe we had both an evaluation with her 16 doctor and then also the school did an 17 evaluation as well. And they both said ADHD.</p> <p>18 Q. And what were the next steps after 19 the diagnosis?</p> <p>20 A. We just worked -- again worked with 21 coping strategies for her in the classroom and 22 behavioral strategies for the teacher to use 23 to help her handle the long day.</p> <p>24 Q. And I guess, who suggested those 25 strategies?</p>	<p style="text-align: right;">Page 48</p> <p>1 Q. Is K.C. still taking that 2 medication?</p> <p>3 A. I'm sure we've changed a couple of 4 times, dosage and stuff, but, yes, she still 5 takes it.</p> <p>6 Q. Why didn't you want to start the 7 medication if you didn't need to?</p> <p>8 A. Say that again, I'm sorry.</p> <p>9 Q. I'm sorry. I was just repeating 10 what you said. But why -- I think you said, 11 we didn't want to start the medications if we 12 didn't need to.</p> <p>13 A. Because the strategies that we were 14 using in the classroom, like giving her clear 15 expectations and decreasing the time that she 16 needed to be still, they were having a 17 positive enough effect that we didn't need 18 medication at the time. And she was still 19 little, and the class was pretty active still. 20 So there wasn't a lot of prolonged sitting.</p> <p>21 Q. And you also mentioned dysgraphia?</p> <p>22 A. Uh-huh.</p> <p>23 Q. Is that right?</p> <p>24 A. Yes.</p> <p>25 Q. I'm not very familiar with that. I</p>

<p>1 guess, what is that condition?</p> <p>2 A. It's hard for me to understand.</p> <p>3 It's a learning disability. It's a writing --</p> <p>4 I don't know if it's a reading -- it's not a</p> <p>5 reading disability. It's a writing disability</p> <p>6 that affects, one, your spelling. She can't</p> <p>7 even as a fourth grader sometimes spell the</p> <p>8 word "no." I mean, it's just -- the letters</p> <p>9 get scrambled. Like if she -- she can read it</p> <p>10 correctly and know if it's correct. But she</p> <p>11 can't take it -- like if she saw the word</p> <p>12 spelled correctly and incorrectly, she could</p> <p>13 always tell you which one was correctly, but</p> <p>14 then when she went to write it, she would not</p> <p>15 be able to write it correctly unless she was</p> <p>16 looking at it.</p> <p>17 So it affects her ability to</p> <p>18 process what's in her brain and send it to her</p> <p>19 hand to write the thing.</p> <p>20 Q. Gotcha. Any -- I guess any</p> <p>21 strategies or anything in response to that</p> <p>22 diagnosis?</p> <p>23 A. Other than modifying classroom</p> <p>24 things, such as being able to dictate things</p> <p>25 instead of writing them. Sometimes even</p>	<p>Page 49</p> <p>1 seeing the pediatrician with respect to this</p> <p>2 issue?</p> <p>3 A. We very rarely would see the</p> <p>4 pediatrician for this issue. We had yearly</p> <p>5 appointments with the gender clinic to have</p> <p>6 checkups and follow-through -- not</p> <p>7 follow-through, follow-up. But rarely with</p> <p>8 K.C. seeing the pediatrician, if ever, for</p> <p>9 gender dysphoria.</p> <p>10 Q. Who at the gender clinic was K.C.</p> <p>11 seeing for gender dysphoria?</p> <p>12 A. I don't remember their names. When</p> <p>13 you meet with the gender clinic, it's a whole</p> <p>14 team of people from social workers,</p> <p>15 psychologists or psychiatrists, pediatrician,</p> <p>16 nurse practitioner. I have no idea who they</p> <p>17 were. That was seven years ago or six years</p> <p>18 ago.</p> <p>19 Q. And you met with -- so would you</p> <p>20 meet with multiple people at the gender clinic</p> <p>21 each time you went?</p> <p>22 A. Yes.</p> <p>23 Q. Okay. And do you recall what</p> <p>24 happened for each --</p> <p>25 A. I guess --</p>
<p>1 typing will help make a difference. And</p> <p>2 getting notes from the teacher so that she</p> <p>3 doesn't have to take all the notes because she</p> <p>4 gets overwhelmed by writing.</p> <p>5 Q. Any other diagnoses that you</p> <p>6 haven't mentioned?</p> <p>7 A. I don't think so.</p> <p>8 Q. Has K.C. ever been tested for</p> <p>9 autism?</p> <p>10 A. I actually think that might have</p> <p>11 been on the evaluation that they did in</p> <p>12 August. But she was not diagnosed with it.</p> <p>13 MS. HOLMES: Let's go off the</p> <p>14 record.</p> <p>15 (A recess was taken between 1:39</p> <p>16 p.m. and 1:47 p.m.)</p> <p>17 BY MS. HOLMES:</p> <p>18 Q. So we were talking about that first</p> <p>19 appointment with the pediatrician, talking</p> <p>20 about gender dysphoria and the behaviors that</p> <p>21 you'd observed with K.C. Do you know when the</p> <p>22 next appointment was regarding that same</p> <p>23 issue?</p> <p>24 A. I don't remember.</p> <p>25 Q. Do you know how frequently K.C. was</p>	<p>Page 50</p> <p>1 Q. -- visit?</p> <p>2 A. -- for each appointment they would</p> <p>3 do the typical, checking the height, weight,</p> <p>4 whatever -- I can't remember the name of the</p> <p>5 things they check. The things they check when</p> <p>6 you go to the doctor's office, height, weight,</p> <p>7 blood pressure, all those things. And then</p> <p>8 they would check on K.C.'s development, ask</p> <p>9 K.C. any questions. I don't remember what</p> <p>10 they were. Ask us if we had any questions. I</p> <p>11 guess the first visit had the most questions.</p> <p>12 I do know that typically, at least</p> <p>13 at that time, typically the patients they saw</p> <p>14 were much older than K.C. K.C. was one of the</p> <p>15 younger patients they ever saw. So there</p> <p>16 wasn't really much to do other than make</p> <p>17 contact and create a relationship with them.</p> <p>18 Q. So I guess who suggested a yearly</p> <p>19 meeting or appointment?</p> <p>20 A. They didn't suggest it, but they</p> <p>21 said that we were welcome to do that if we</p> <p>22 wanted to just so that, again, just to create</p> <p>23 the relationship. It was not required because</p> <p>24 K.C. was so young. But we're proactive and we</p> <p>25 did it anyways.</p>

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<p>1 Q. And when -- or did the doctors ever 2 talk about -- or medical providers talk about 3 a plan of treatment for K.C.?</p> <p>4 A. I mean, yes, I guess they did in 5 the sense that they told us the steps -- or 6 what transitioning can mean and all the 7 different iterations of it.</p> <p>8 K.C. was at an age that the only 9 necessary -- there wasn't even any medical 10 intervention. It was just all social. So 11 they explained to us -- or we listened to all 12 the information they had.</p> <p>13 A lot of it we already knew because 14 we had done our own research as well. But 15 they shared what it means to socially 16 transition. They talked to us about the next 17 step, which would be puberty blockers, and 18 then the next step, if it was chosen, would be 19 hormone replacement therapy, and then the next 20 step being after she was 18, surgery. But not 21 talking to us about when K.C. has them, but 22 just talking to us about it in a general 23 timeline of a transgender human.</p> <p>24 Q. Did you have any concerns about any 25 of the information they shared?</p>	<p>1 please.</p> <p>2 Q. Were you aware of the percentage of 3 individuals who stopped identifying as 4 transgender or stopped experiencing gender 5 dysphoria over time?</p> <p>6 A. I wasn't concerned about the 7 percentage of people that stopped care. I was 8 just concerned about my child.</p> <p>9 Q. And why weren't you concerned?</p> <p>10 A. Because my child was just socially 11 transitioning, and the worst thing that 12 happened is that we changed pronouns and 13 changed clothes. And she knew that we loved 14 her and listened to her.</p> <p>15 Q. So as part of that discussion of a 16 general plan or course of treatment, were 17 puberty blockers mentioned?</p> <p>18 A. I'm sure they were -- I mean, yes, 19 I'm sure they were as one of the stages of 20 going through transition, yes.</p> <p>21 Q. Was that the first time you learned 22 about puberty blockers?</p> <p>23 A. I doubt it. I'm sure I had read 24 about them.</p> <p>25 Q. And what was your understanding at</p>
<p>1 A. I did not have -- I did not have 2 any concerns. I'm sure I had questions. I 3 don't remember what they were. But I 4 especially didn't have any concerns because 5 there were no medical things that applied to 6 K.C.</p> <p>7 Q. Do you recall what information they 8 gave about social transition?</p> <p>9 A. I'm sure they -- I don't recall 10 specifically. I'm sure they told us that it 11 was about changing -- by using the affirmed 12 pronouns of the child's choice, using the new 13 name, if there was a new name. K.C. did not 14 have a new name. If using -- letting K.C. 15 grow her hair out if she wanted to and wearing 16 the appropriate clothes.</p> <p>17 K.C. had already socially 18 transitioned, I believe, before our first 19 appointment there. So we already knew this 20 stuff.</p> <p>21 Q. Were you aware of the percentage of 22 individuals who either stopped identifying as 23 transgender or stopped experiencing gender 24 dysphoria over time?</p> <p>25 A. Repeat your question one more time,</p>	<p>1 that time of puberty blockers?</p> <p>2 A. My understanding is that it gave a 3 pause, stopped puberty until we were ready to 4 move on to puberty.</p> <p>5 Q. And when you say "ready to move on 6 to puberty," what do you mean?</p> <p>7 A. When she would be allowed to be 8 taken off puberty blockers and start either 9 hormone replacement therapy or not.</p> <p>10 Q. And what would that decision 11 process look like?</p> <p>12 A. I mean, we're not there yet, so I 13 can only speculate, but I would assume it 14 would like them telling us that it is the 15 appropriate time for K.C. to begin, and then 16 as a family and with the doctor, we discuss 17 the pros and cons of hormone replacement 18 therapy and then we make a decision. And then 19 we go forward from there.</p> <p>20 Q. I think you mentioned that the 21 puberty blockers would give a pause to decide 22 when puberty would start, either hormone 23 replacement therapy or not. And I think I 24 was -- I'm curious what you meant by that 25 statement.</p>

<p>1 A. Well, we have protocol -- or the 2 standard of care is that trans children be on 3 a blocker for two years before they progress 4 to hormone replacement therapy, so that would 5 be the pause.</p> <p>6 And then at the appropriate time, I 7 would assume, for my child, it will be to take 8 hormone replacement therapy. But that's also 9 two years from now, and so I don't want to 10 make any assumptions --</p> <p>11 Q. Why do you --</p> <p>12 A. -- for her.</p> <p>13 Q. Why do you assume for your child 14 it's going to be hormone replacement?</p> <p>15 A. Because she's been living as 16 herself for the past seven years.</p> <p>17 Q. But why are you leaving it open, I 18 guess?</p> <p>19 A. Because I'm not forcing my child to 20 do anything, whether she transition or not. 21 It's -- it's a -- it's a decision that we all 22 make with all of the knowledge that we have. 23 And I would not force her to continue 24 something just because she started that way. 25 Again, she would know that we loved her and</p>	<p>Page 57</p> <p>1 decision to continue identifying a certain 2 way?</p> <p>3 A. I know that --</p> <p>4 MR. FALK: Let her finish.</p> <p>5 A. I'm sorry. I apologize. And 6 repeat it again, because I was --</p> <p>7 BY MS. HOLMES:</p> <p>8 Q. Sure. Are you aware of whether 9 there's an influence that social transition 10 itself has on a person's decision to continue 11 identifying in a certain way?</p> <p>12 A. I'm aware in my child's specific 13 case that -- say the first part again? 14 I want to get the wording right.</p> <p>15 Q. Are you aware of whether there's an 16 influence --</p> <p>17 A. Influence, that was the word I was 18 looking for, sorry.</p> <p>19 Q. Sorry.</p> <p>20 A. In my child's specific case, I am 21 aware of the influence that she knows that she 22 is free to talk to us and present herself -- 23 present to others her true self, and that she 24 knows that we'll listen. And so I guess in a 25 sense, I guess it has influenced her to know</p>
<p>1 listened to her and that we trust her.</p> <p>2 Q. Have you had any conversations with 3 K.C. along those lines?</p> <p>4 A. Often, yes.</p> <p>5 Q. What do those conversations look 6 like?</p> <p>7 A. We talk about the fact that what 8 your body looks like has nothing to do with 9 your identity; that there are many ways to be 10 a man or a woman; and that it's also okay to 11 be unsure about things, and that is why we 12 have watchfully waited for seven years and 13 have another two years to go -- to work on 14 that.</p> <p>15 Q. And --</p> <p>16 A. I will say that those are my 17 conversations to her, and she's like, yeah, 18 yeah, yeah, whatever, Mom, I know who I am.</p> <p>19 MR. FALK: She's not even a 20 teenager yet.</p> <p>21 THE WITNESS: No, she's totally a 22 teenager.</p> <p>23 BY MS. HOLMES:</p> <p>24 Q. Are you aware of any influence that 25 socially transitioning can have on someone's</p>	<p>Page 58</p> <p>1 that she is safe to do that.</p> <p>2 Q. So what's K.C.'s true self?</p> <p>3 A. She's a girl.</p> <p>4 Q. Okay. Has K.C. been prescribed 5 puberty blockers?</p> <p>6 A. She has.</p> <p>7 Q. And when were those prescribed?</p> <p>8 A. They were prescribed in March.</p> <p>9 Q. March of 2023?</p> <p>10 A. Yes. I don't remember the exact 11 date. Sometime in March.</p> <p>12 Q. That's okay.</p> <p>13 And when was the question of 14 puberty blockers specific to K.C., when did 15 that conversation begin with the medical 16 providers?</p> <p>17 A. We have been having an ongoing 18 conversation, with K.C.'s endocrinologist 19 specifically, for a year or two. Just because 20 of her diabetes, we see her every three 21 months. Yeah, we see her four times a year. 22 So it's something that her pubertal -- puberty 23 progression has been being observed for the 24 past year to two years.</p> <p>25 Q. And what was the purpose of</p>

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1 observing pubertal protection? 2 A. Because before a puberty blocker is 3 started, they must reach a certain stage of 4 puberty, which is the Tanner Stage 2. 5 Q. So I guess, for the last 6 couple years, when the endocrinologist was 7 observing the pubertal progression, was that 8 just with an idea that puberty blockers would 9 begin as soon as Tanner Stage 2 was reached? 10 A. Yes. 11 Q. And so when puberty blockers were 12 prescribed in March of 2023 -- well, let's 13 see. I'm going to start that question again. 14 What information has your medical 15 provider given you about puberty blockers? 16 A. They have told us that they will 17 stop puberty and that they can ease K.C. -- 18 they could ease K.C.'s -- or will ease K.C.'s, 19 what was increasing her gender dysphoria. 20 Q. What was this progressing gender 21 dysphoria? 22 A. Worrying about bodily odor, taking 23 lots of showers. She had stopped, as a person 24 who loves to look at herself, she had stopped 25 looking in the mirror.	1 specifically. 2 Q. Who was involved in the decision 3 that K.C. would begin puberty blockers? 4 A. Her doctor, in the sense of making 5 sure that she was at the right stage of 6 puberty. And us, understanding the step that 7 we were taking. And then conversations with 8 myself, my husband, and K.C., and making sure 9 K.C. understood what it meant and what it 10 entailed. 11 Q. What were you told about the 12 long-term effects of puberty blockers? 13 A. We were told it would ease her 14 gender dysphoria. That's a long-term effect. 15 We were told that her calcium -- well, that 16 her -- through lab work, her levels of various 17 things would be monitored to make sure that 18 she was doing well and healthy. 19 We were aware that it can cause -- 20 she has very sensitive skin, hence the skin 21 infections from medicine. So we were aware of 22 the possible skin infections or irritations 23 that can happen from the procedure. 24 And I'm sure you're not surprised 25 to know this, but I'm the one that reads all
Page 62	Page 64
1 Getting more upset than usual if 2 someone accidentally used the wrong pronoun. 3 And since we have five animals and four other 4 humans, it happens in our house. 5 Worrying about if her voice sounds 6 lower, asking us if her voice sounds lower. 7 Just general discomfort in her own body. 8 Sometimes not quite able to verbalize it but 9 knowing she didn't feel right. 10 Q. And how have you responded to 11 witnessing those behaviors? 12 A. We have helped her find things to 13 help her, such as coming up with routines to 14 make herself feel better, whether it be 15 getting a routine care for, like, you know, 16 getting her using deodorant and helping her 17 set up a daily care routine that makes her 18 feel better. Letting her take a bath whenever 19 she wants to. 20 At a point before she started the 21 blocker, I guess when she first started 22 noticing body odor, I do believe that is one 23 of those times we went back to the therapist 24 for a while, so she could kind of work through 25 those feelings. I don't remember the dates	1 the things on side effects. So I can go 2 through all of them if you'd like. But I know 3 them. 4 Q. So you were given written 5 information -- 6 A. Yes. 7 Q. -- about it? 8 Okay. Written information about 9 the risks of the puberty blockers? 10 A. Yes. 11 Q. What do you know about the risks, I 12 guess, apart from some of the things you've 13 already mentioned? 14 A. I know that there is an increase 15 with mental health -- with depression or 16 anxiety that can be increased. I know that 17 there can -- at the onset of blockers, the -- 18 there can be a -- how do I say it correctly -- 19 an increase in signs of puberty before it 20 takes effect. I know that it can cause skin 21 infections. I know, in rare occasions, it can 22 cause, like, water on the brain or something 23 like that. 24 And I know that if those things 25 happen to call our doctor and schedule its

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1 removal. And then try different methods of 2 blocking puberty or a different medicine that 3 does the same thing.	1 this time. 2 Q. What do you expect to change in the 3 next couple of years between starting the 4 puberty blockers and making the decision about 5 going forward with puberty?
4 Q. So how does K.C. receive these 5 puberty blockers?	6 A. You mean for K.C.? 7 I would assume she would just 8 continue to grow and be happy, I mean, and not 9 go through puberty.
10 A. No.	10 Q. And how about for you? 11 Do you expect anything to change?
11 Q. How did K.C. react to the puberty 12 blockers being implanted?	12 A. I don't know how -- I don't expect 13 anything for me to change other than the fact 14 that I'll be parenting an 11-year-old and a 15 12-year-old as opposed to a ten-year-old.
13 A. You mean physically or emotionally?	16 Q. Do you expect to discuss the 17 decision about starting either estrogen or 18 going off of puberty blockers without starting 19 estrogen in the next couple of years?
14 Q. Both.	20 MR. FALK: Objection, asked and 21 answered. Go ahead.
15 A. She was very excited to know that 16 it was going to happen. She was nervous about 17 the procedure, obviously. But we talked about 18 that and had a child life specialist to help 19 her work through that anxiety while we were 20 having it.	22 A. As I said, I do expect to discuss 23 that in the next couple of years.
21 And physically, I haven't 22 noticed -- and physically there has been no -- 23 I have not noticed anything physical, other 24 than having a little tiny scar on her arm for 25 now, I have not noticed any physical reactions	24 BY MS. HOLMES: 25 Q. And what do you expect that
Page 66	Page 68
1 from the puberty blocker. 2 And she is very relieved that she 3 doesn't have to worry for a while about 4 puberty.	1 conversation to look like? 2 A. I don't know who I'll be having 3 that conversation with. But I expect to be 4 having a conversation that K.C. has met the 5 requirements of being on a blocker for 6 two years and then them going over the 7 benefits versus risks of hormone replacement 8 therapy and then as a family, we'll make a 9 decision.
5 Q. What were you told about the extent 6 of the evidence regarding benefits of puberty 7 blockers for gender dysphoria?	10 Q. What are the possible -- what are 11 the possible choices that you are deciding 12 between as a family?
8 A. What was I told about --	13 A. I mean, we're only on blockers now, 14 so I 100 percent -- I don't know. I'm 15 assuming the choice would be to take estrogen 16 or not to take estrogen.
9 Q. The extent of the evidence 10 regarding benefits?	17 Q. Have you talked with the doctors 18 about that decision?
11 A. I was -- I was told that it 12 would -- that -- both from the doctor and my 13 own research, I've been told and learned that 14 it will ease her gender dysphoria.	19 A. Not very much because she's only 20 ten.
15 Q. Were you aware of any unknowns 16 about puberty blockers and their effect?	21 Q. Have you been told the percentage 22 of children who receive puberty blockers go on 23 to receive cross-sex hormones?
17 A. I was more worried about the 18 unknown of not starting the puberty blocker 19 than any unknowns of starting the puberty 20 blocker.	24 A. I have -- I don't remember being 25 told a specific number. I know that it's a --
21 Q. What do you mean by that?	
22 A. I was more worried about what -- 23 the trauma she might go through if she went 24 through testosterone-rich puberty more than I 25 was worried about not going through puberty at	

<p>1 many that -- most that start the process 2 continue the process. I do know that.</p> <p>3 Q. Do you know, was that a part of 4 your conversation with the medical providers?</p> <p>5 A. I don't remember.</p> <p>6 Q. Is that important to your decision?</p> <p>7 A. The only person that's important to 8 my decision is my child.</p> <p>9 Q. Does K.C. know the percentage of 10 children who receive puberty blockers --</p> <p>11 A. She is not worried about every 12 child. She is worried about herself and her 13 friends.</p> <p>14 Q. What information have you been 15 given by medical providers about the benefits 16 of cross-sex hormones?</p> <p>17 A. Again, not very much because she's 18 ten and we haven't really started having those 19 conversations.</p> <p>20 Q. And what information have medical 21 providers given you about the risks of 22 hormones?</p> <p>23 A. Same answer, not very much. We 24 have not reached that stage yet.</p> <p>25 Q. Are you familiar with gender</p>	<p>Page 69</p> <p>1 A. She is glad to know that when she's 2 older, if that's an option that she chooses to 3 take, that she can.</p> <p>4 Q. What does K.C. think about the 5 18-year-old kind of requirement before you 6 consider it?</p> <p>7 A. She's fine with it, I guess. I 8 don't -- I don't really think she has an 9 opinion.</p> <p>10 Q. Have the medical providers talked 11 with you at all about surgeries?</p> <p>12 A. Only that it is something that can 13 take place, but nothing specific.</p> <p>14 Q. So I guess right now, do you want 15 K.C. to have a surgery for gender transition?</p> <p>16 A. I have no -- I have no opinion. 17 That's at least eight years from now, and 18 probably not my decision at all, as she'll be 19 18. But I'll support my child in whatever she 20 chooses.</p> <p>21 MS. HOLMES: I think we're just 22 about done, so maybe let's take 23 five minutes.</p> <p>24 MR. FALK: Great.</p> <p>25 (A recess was taken between</p>
<p>1 transition surgeries?</p> <p>2 A. I am familiar with it.</p> <p>3 Q. Are you considering any surgeries 4 for K.C.?</p> <p>5 A. It's not even a decision we have 6 made yet. And by that time, she'll be an 7 adult, so it will be her decision.</p> <p>8 Q. Why is that?</p> <p>9 A. Because that's the law, or the 10 standard of care would probably be a better 11 word.</p> <p>12 Q. If the standard of care were more 13 different, would you have a different answer?</p> <p>14 MR. FALK: Objection, completely 15 speculative. You can answer if you --</p> <p>16 A. She's still growing, and I imagine 17 that she'll still be growing when she's 17 and 18 18. So I don't think that it would -- I can't 19 imagine a world where it's happening. So, no, 20 I don't -- I can't even answer it, I guess, is 21 my answer.</p> <p>22 BY MS. HOLMES:</p> <p>23 Q. Does K.C. know about surgeries?</p> <p>24 A. She's aware of it.</p> <p>25 Q. What does K.C. think about them?</p>	<p>Page 70</p> <p>1 2:16 p.m. and 2:25 p.m.)</p> <p>2 BY MS. HOLMES:</p> <p>3 Q. Are you aware of any alternative 4 treatments to help K.C.'s gender dysphoria?</p> <p>5 A. The only alternative treatments I'm 6 aware of are ones that we're already doing 7 through therapy and social transition.</p> <p>8 Q. And did you how learn about those 9 alternative treatments?</p> <p>10 A. Through talking to doctors and our 11 research.</p> <p>12 Q. Do you feel concerned about the 13 risks posed by puberty blockers?</p> <p>14 A. No, I'm not concerned.</p> <p>15 Q. And what made you think that the 16 benefits outweighed the risks?</p> <p>17 A. Well, one, I'm seeing the 18 improvement to my child's quality of life 19 already after not even a month, and I know 20 that if something is going wrong, we can 21 remove it if it were necessary, for health 22 risks, and that the doctors will be monitoring 23 that.</p> <p>24 Q. How often is K.C. being seen 25 following the implant?</p>

<p style="text-align: right;">Page 73</p> <p>1 A. I am not 100 percent sure of the 2 schedule yet. I know that we have an 3 appointment June 23rd. After that, there's 4 the chance that we'll have to find new care 5 somewhere else, so I don't know.</p> <p>6 Q. What do you mean by that?</p> <p>7 A. We won't be able to get the care 8 here in Indiana.</p> <p>9 Q. Have you talked with your doctors 10 about that?</p> <p>11 A. In the sense that they will no 12 longer be able to care for her, yes.</p> <p>13 Q. And why did you decide to consent 14 to this treatment for K.C.?</p> <p>15 A. To ease her gender dysphoria as it 16 was increasing and also to allow her to 17 continue to live as herself, like she has been 18 for the past seven years.</p> <p>19 Q. I'll just ask a couple of 20 concluding questions. Did you understand each 21 of my questions today?</p> <p>22 A. Yes.</p> <p>23 Q. Do you need to correct any of your 24 answers?</p> <p>25 A. I don't think so.</p>	<p style="text-align: right;">Page 75</p> <p>1 Q. Is that related, at least in part 2 to her gender dysphoria, in your opinion?</p> <p>3 A. Yes, I believe it is.</p> <p>4 Q. And has that -- was that increasing 5 leading up to the implant of the device that 6 gives her a puberty blocker?</p> <p>7 A. Yes.</p> <p>8 Q. And has that decreased now?</p> <p>9 A. Yes. I see it decreasing every 10 day.</p> <p>11 Q. You were asked about the potential 12 negative effects of the puberty blocker, and 13 you mentioned something about calcium. 14 What was that related to?</p> <p>15 A. To bone density. There's a chance 16 that it can affect bone density.</p> <p>17 Q. And is that being monitored?</p> <p>18 A. Yes.</p> <p>19 Q. And you testified that one of the 20 things you were told as the benefits of gender 21 dysphoria was that it would -- one of the 22 benefits, excuse me, of the puberty blocker is 23 that would ease her gender dysphoria. 24 Do you remember that testimony?</p> <p>25 A. Yes.</p>
<p style="text-align: right;">Page 74</p> <p>1 MS. HOLMES: Then I'm finished. 2 I'll turn it over to Ken.</p> <p>3 MR. FALK: Thank you.</p> <p>4 EXAMINATION</p> <p>5 BY MR. FALK:</p> <p>6 Q. You testified about the diagnosis 7 that K.C. had of Type 1 diabetes, celiac 8 disease, I guess the bone infection, and PTSD 9 [sic]. Did all these diagnoses come after her 10 gender dysphoria diagnosis?</p> <p>11 A. Do you mean ADHD?</p> <p>12 Q. What did I say, PTSD?</p> <p>13 A. Yes.</p> <p>14 Q. I'm sorry, I'm tired. Thank you. 15 Yes. Thank you for correcting.</p> <p>16 A. She might have PTSD.</p> <p>17 Q. I have PTSD. The D stands for 18 depositions in that.</p> <p>19 Did all those diagnoses come after 20 her gender dysphoria diagnosis?</p> <p>21 A. Yes.</p> <p>22 Q. And you talked about her anxiety 23 and depression. Do you remember talking about 24 that?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 76</p> <p>1 Q. And has it?</p> <p>2 A. Yes, I think so.</p> <p>3 Q. And you were asked there at the 4 very end about alternatives to the puberty 5 blocker, and you talked about social 6 transition and therapy?</p> <p>7 A. Yes.</p> <p>8 Q. Is that a viable alternative once 9 K.C. would begin puberty?</p> <p>10 A. No.</p> <p>11 Q. Why?</p> <p>12 A. Well, the distress of puberty would 13 be very hard for her despite the social 14 transition. It's not enough, I guess, would 15 be the way to say that.</p> <p>16 Q. Give me a second to look at my 17 notes.</p> <p>18 And I may have asked this, and I 19 apologize. I'm losing it.</p> <p>20 You first were seen at the Riley 21 Gender Clinic when?</p> <p>22 A. I believe it was in 2017, I think 23 at the beginning of the year sometime.</p> <p>24 Q. And at that point, there was a -- 25 was there a discussion of puberty blockers at</p>

<p>1 that point?</p> <p>2 A. In a general sense, explaining to 3 us that it was an option and what it meant, 4 but not specific to K.C.</p> <p>5 Q. And was that discussion, the 6 context of we'll monitor her pubertal 7 development and then discuss it more when we 8 get closer?</p> <p>9 A. Yes.</p> <p>10 MR. FALK: I have no further 11 questions. Thank you.</p> <p>12 MS. HOLMES: Just a couple 13 follow-ups.</p> <p>14 FURTHER EXAMINATION</p> <p>15 BY MS. HOLMES:</p> <p>16 Q. So when you were talking with 17 medical providers about deciding K.C. would 18 receive puberty blockers, did the doctors at 19 that point tell you about any treatments that 20 would be an alternative to puberty blockers?</p> <p>21 A. The only alternative I know of is 22 the social transition and the therapy, which 23 is something that we are already participating 24 in. I don't think there are -- that I know 25 of -- any other options.</p>	<p>Page 77</p> <p>1 A. I mean, we're already doing them, 2 so yes.</p> <p>3 Q. Yeah, I mean in the context of 4 deciding K.C. would receive puberty blockers, 5 specifically?</p> <p>6 A. Yes, in the sense that it's already 7 actively taking place and we weren't going to 8 stop. It would be a continuation and be in 9 addition to the blockers. I guess, yes, in 10 that sense we did.</p> <p>11 Q. And did the medical providers tell 12 you it was not a viable option to receive 13 psychotherapy in the social transition?</p> <p>14 A. Absolutely not. No, they believe 15 that the whole child should be cared for.</p> <p>16 Q. So when you're saying it wasn't a 17 viable alternative to puberty blockers, is 18 that your own assessment?</p> <p>19 A. Not doing puberty blockers is not 20 viable. Therapy and socially transitioning is 21 viable and very important, but it is not 22 enough once puberty starts. And it will need 23 to be in conjunction with medical care, gender 24 affirming medical care.</p> <p>25 Q. And so that assessment -- is that</p>
<p>1 MS. HOLMES: No further questions.</p> <p>2 FURTHER EXAMINATION</p> <p>3 BY MR. FALK:</p> <p>4 Q. And I believe you testified that 5 that is not a viable alternative once K.C. 6 would start puberty -- strike the question 7 because it was a terrible question.</p> <p>8 Did you testify that counseling and 9 social transition alone is not a viable 10 treatment for K.C. once she starts puberty?</p> <p>11 A. Correct. I did testify that it is 12 something that we will always continue in 13 conjunction with puberty blockers.</p> <p>14 MR. FALK: I have no further 15 questions.</p> <p>16 MS. HOLMES: Just again, following 17 up on Ken's questions.</p> <p>18 MR. FALK: She blames me.</p> <p>19 FURTHER EXAMINATION</p> <p>20 BY MS. HOLMES:</p> <p>21 Q. So you said you were aware of the 22 alternatives of psychotherapy and social 23 transition.</p> <p>24 Did you discuss those with the 25 medical providers?</p>	<p>Page 78</p> <p>1 your own assessment or is that what the 2 medical providers -- information they gave 3 you?</p> <p>4 A. It is my own assessment from my 5 child that it is not an option. And it is my 6 child's assessment for her that that is not an 7 option.</p> <p>8 The doctors did not tell us what 9 option to take. They just gave us the 10 information that we needed to make an informed 11 decision.</p> <p>12 Q. So just to be clear, then, you kind 13 of gave -- you said that since K.C. was 14 already receiving therapy and social 15 transition, the doctors were aware of it.</p> <p>16 But my question, I think, is more, 17 was that part of their conversation with 18 respect to the puberty blockers?</p> <p>19 A. I think I don't understand your 20 question.</p> <p>21 What I'm hearing you say is, would 22 we stop doing those things once she was given 23 a puberty blocker?</p> <p>24 It wasn't necessarily discussed 25 because we were already actively doing the</p>

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1 alternatives, or the other aspects of 2 transitions. 3 Q. Okay. I think I see. I'll try to 4 clarify. 5 What I'm talking about is, were any 6 treatments proposed by the medical providers 7 that would be an alternative to puberty 8 blockers? 9 As in, if K.C. didn't receive 10 puberty blockers, were any alternatives 11 proposed by the medical providers at that 12 time? 13 A. The options were, she's already 14 socially transitioned, we see a therapist; the 15 only two options were to take a puberty 16 blocker or not take a puberty blocker. And we 17 chose to take the puberty blocker. We were 18 given both choices of to take it or not to 19 take it. They did not tell us what to do. 20 Q. And the decision not to take it 21 would include continuing the social transition 22 and psychotherapy; is that correct? 23 A. Yes. 24 MS. HOLMES: I think I understand. 25 Thank you. No further questions.	Page 81	1 CERTIFICATE OF CERTIFIED MACHINE STENOGRAPHER 2 I, Amy Doman, Registered Merit Reporter, 3 Certified Realtime Reporter, Certified 4 Shorthand Reporter in the states of 5 California, Texas, Illinois, and Washington, 6 and Notary Public in and for the County of 7 Hamilton, State of Indiana, do hereby certify 8 that BETH CLAWSON, the deponent herein, was by 9 me first duly sworn to tell the truth in the 10 aforementioned matter; 11 That the foregoing deposition was taken on 12 behalf of the Defendants, on Monday, 13 May 22, 2023, pursuant to the Federal Rules of 14 Civil Procedure; 15 That said deposition was taken down by me, 16 a certified machine stenographer, in 17 stenographic notes translated in realtime to 18 English; the final transcript prepared and 19 certified by me as a true and accurate record 20 of all proceedings held on the record; that 21 the opportunity to review and sign was 22 requested; that counsel and all in attendance, 23 both in person and remotely, have been noted 24 on the appearance page. 25 I do further certify that I am a	Page 83
1 MR. FALK: I'm not going to ask you 2 any more questions. We will take 3 signature. 4 MS. HOLMES: And same rough draft, 5 expedite request as the other one. 6 7 (Time noted: 2:36 p.m.) 8 9 FURTHER THE DEPONENT SAITH NOT. 10 11 (Signature requested.) 12 13 14 15 16 17 18 BETH CLAWSON	Page 82	1 disinterested person in this cause of action; 2 that I am not a relative or attorney of either 3 party or otherwise interested in the event of 4 this action, financial or otherwise; that I am 5 not in the employ of the attorneys for any 6 party; that I, as an independent contractor, 7 have not accepted nor been advised of any 8 discounted rates offered to any party in this 9 action for my stenographic services; 10 In witness whereof, I have hereunto set my 11 hand and affixed my notarial seal on this 12 completed 84-page transcript on this 23rd of 13 May, 2023. 14 15 16 17 18 Amy Doman, RMR, CRR, CSR California CSR Number 14465 Texas CSR Number 6203 Illinois CSR Number 084004926 Washington CSR Number 22031067 Notary Public NE0705866 My Commission Expires: September 30, 2025 19 20 21 22 23 24 25	Page 84

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